

## Cooperative Transportation Research Program Project Task Order



**Task Order Number:** \_\_\_\_\_

This task order is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the State of Idaho, acting by and through the Idaho Transportation Board and the Idaho Transportation Department, whose address is 3311 West State Street, Boise, Idaho 83703, hereinafter called ITD and [university name], whose address is [address], hereafter called [university initials].

The task order describes research to be conducted by [university name] for ITD. Any deviation from the work outlined in the task order must first be approved in writing by ITD. In addition, work performed under this task order is subject to the provisions of the master agreement entered into by the aforementioned parties on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The master agreement and this task order constitute the entire agreement. No oral understanding or agreement shall be binding on any of the parties hereto.

Project Title		Project ID Numbers ITD _____ [university name] _____	
Project Budget Total \$	Start Date (mm-dd-yy)	Duration ( number of months)	Estimated Completion Date (mm-dd-yy)

### Contacts

ITD Project Manager (name, address, phone, email)	[university name] Principal Investigator (name, address, phone, email)
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### Description of Work

<b>Research Problem Statement</b>
<b>Objectives</b>
<b>Project Tasks</b>
<b>Project Communication Schedule</b>
<b>Needs and Requirements</b>
<b>Required Outputs</b>
<b>Outcomes Expected</b>
<b>Expected Savings to ITD</b>

**Exhibit 1 – University Project Budget (For multi-year projects, provide the total budget for the project)**

**a. Salaries and Benefits**

Faculty salaries	\$	_____
Graduate salaries	\$	_____
Hourly undergraduate student wages	\$	_____
Faculty fringe benefits	\$	_____
Graduate fringe benefits	\$	_____
Hourly undergraduate student fringe benefits	\$	_____
	\$	_____
	\$	_____
	\$	_____
<b>Subtotal for University Salaries and Fringe Benefits</b>	<b>\$</b>	<b>_____</b>

**b. Other Costs**

Equipment	\$	_____
Travel	\$	_____
Graduate student fees	\$	_____
Graduate student insurance	\$	_____
Other expenses	\$	_____
	\$	_____
	\$	_____
	\$	_____
<b>Subtotal for Other University Costs</b>	<b>\$</b>	<b>_____</b>

Total University Direct Costs (a+b) \$ \_\_\_\_\_

Waived Indirect Cost \$ \_\_\_\_\_

Total Indirect Costs \$ \_\_\_\_\_

**Total University Costs \$ \_\_\_\_\_**

**Exhibit 1A – ITD Project Related Costs (ITD project manager/sponsor provides this information)**

**a. ITD Salaries and Benefits**

Full time salaries	\$	_____
Temporary salaries	\$	_____
Hourly wages	\$	_____
Full time fringe benefits	\$	_____
Temporary fringe benefits	\$	_____
<b>Subtotal for ITD Salaries and Fringe Benefits</b>	<b>\$</b>	<b>_____</b>

**b. Other ITD Costs**

Equipment	\$ _____
Travel	\$ _____
Other expenses	\$ _____
	\$ _____
	\$ _____
	\$ _____
<b>Subtotal for Other ITD Costs</b>	<b>\$ _____</b>

**Total ITD Project Related Costs (a+b)** \$ \_\_\_\_\_**Total Costs for Project** (total cost for 1 + total cost for 1A) \$ \_\_\_\_\_**Exhibit 2 – Capital Equipment Acquisition List**

Capital equipment includes any equipment costing \$500 or more with a useful life of at least two years.

If a project is multi-year, note in which year the equipment will be purchased.

Equipment	Estimated Purchase Price	Year to be Purchased

**Exhibit 2A – ITD Capital Equipment Acquisition List**

Equipment	Estimated Purchase Price	Year to be Purchased

### Exhibit 3 – Task Completion Deadlines

Task No.	Description	Deadline (mm-dd-yy)
	Submit draft of required output to ITD/FHWA for review	
	ITD/FHWA review of draft completed (due 30 days after submission of draft)	
	Final output due to ITD (due 30 days after submission of review draft)	

### Exhibit 4 – Project Time Schedule

Please attach Gantt chart with a graphic depiction of the project schedule

IN WITNESS WHEREOF, the Parties hereto have set their hands on the day and year in this task order first written above.

#### State of Idaho, Acting by and Through the Idaho Transportation Board

ITD Representative's Name (Printed)	ITD Representative's Signature	Title	Date
University Representative's Name (Printed)	University Representative's Signature	Title	Date

#### Acknowledged and Understood

ITD Representative's Name (Printed)	ITD Representative's Signature	Title	Date
University Representative's Name (Printed)	University Representative's Signature	Title	Date